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EMPLOYEE-RELATED DRUG SCREENING

A Public Health and Safety Perspective

BACKGROUND READING

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2. Legal Issues p.5
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Excerpted from a report of a task group established by the Addiction Research Foundation to examine employee-related drug screening.

MARCH, 1987

EMPLOYEE-RELATED DRUG SCREENING

A PUBLIC HEALTH AND SAFETY PERSPECTIVE

BACKGROUND READING

1. PUBLIC HEALTH AND SAFETY

This section outlines how widespread the problem of alcohol and other drug use in the workplace is and whether that use presents a threat to public health and safety. It also examines whether drug screening is beneficial in combating the problem.

There is no doubt alcohol and other drug abuse is a significant public health and safety problem. Alcohol and a number of both illicit and controlled drugs have been shown to alter motor coordination and/or perceptual ability; their use can thus result in industrial and road accidents (1,2).

The actual extent of alcohol and other drug abuse in the workplace is unclear, especially in Canada, where no statistics are available.

Limited data from the United States include one study done in New York City (3), in which 28% of drug-dependent people who had been injured on the job said their injuries were related to drug, other than alcohol, use. In the same study, 49% of employees who had caused damage to equipment said drug use was involved in the incident. Of the 4% who took responsibility for the injury of another worker, one in four indicated the cause of the incident was drug-related.

Further data are available from a random sample of 227 callers to the Cocaine National Helpline at Fair Oaks Hospital in New Jersey (4): 75% of callers said they had used drugs on the job; 64% said drug use had affected their performance; and 18% reported a drug-related accident on the job.

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Alcoholics have been reported to have 200% to 300% higher accident rates than those of other employees (5-7). The studies cited, however, did not consider alcohol consumption or other drug use by non-alcoholics. In a recent study by a Boston University School of Public Health team (8), the relationship between alcohol and psychoactive drug use and accidental injury was investigated in a survey of 1,740 employed adults. An average daily drinking of five or more drinks per day elevated the relative risk of accidents on the job by 100%. Use of psychoactive drugs increased the relative risk of accidents by 70%.

Another study found that accident rates improve after alcoholics have received treatment. At the American Telephone and Telegraph Co., the on-job accident rates of 110 workers identified as alcoholics fell by 81% after 11 months of treatment (9).

Public affected

Studies also show that drug use on the job can affect the public. Alcohol or other drugs were involved in 100 injuries (some fatal) that occurred on U.S. railroads between 1975 and 1983. In one accident involving three trains, at least one member of each four-member crew tested positive for marijuana. A study of drinking practices among railroad employees showed 23% were "problem drinkers," and 5% reported to work "very drunk" or got "very drunk" on duty at least once in the study year (10).

Drug use in the transportation sector is not limited to railway employees. In pre-employment screening of 2,500 experienced intercity bus drivers who applied to Greyhound Lines for jobs in 1983, 30% tested positive for marijuana (11).

Drug testing growing

A number of transportation companies, including Greyhound and Southern Pacific Railroad, have started on-the-job drug testing, and the courts seem to be backing their right to do so.

Arbitrators in an employee dismissal case for Greyhound agreed the company had the right and the responsibility to assure the public that buses were being driven and maintained by employees unaffected by drugs (11).

Similarly, a U.S. federal judge in San Francisco ruled that the U.S. railroads have a right to test their employees for alcohol and other drug use (12).

However, not all jurisdictions are in favor of the testing. The city of San Francisco passed the first U.S. city ordinance banning random on-the-job drug testing. It did not, however, restrict companies from conducting pre-employment screens or from testing employees suspected of using drugs at work.

Effects of drug testing

Drug testing appears to have lowered the incidence of job accidents in at least two sectors. A spokesman for Southern Pacific Railroad reported that accidents caused by human error have fallen to 285 in 1985 from 911 in 1983. Also, before testing began, Georgia Power Co., had 5.4 accidents per 2,000 man hours, higher than the national average of 3.8. In 1985, the accident rate fell to 0.48 (13).

The nuclear industry is also worried about drug use among its employees. Commonwealth Edison, a Chicago-based utility that runs six nuclear power installations, has had a three-part drug policy since 1982. New employees must submit to urinalysis, and supervisors may request tests if they suspect an employee of drug use. Edison also provides an employee assistance program. Since the start of the program, absenteeism has dropped by 25% and medical claims have risen by only 6% instead of the average 23% for the industry (14). In one 18-month period, Edison tested 4,000 job candidates and turned away 440 (11%). In August 1986, the U.S. Nuclear Regulatory Commission implemented Edison's program in all U.S. power plants. Penalties for violations range as far as revoking a plant's licence (15). The Commission plans to reassess this policy in 18 months.

No studies on risk levels

While urine screening can detect prior use of a drug, it does not provide evidence of intoxication or impairment. Drugs such as marijuana can be detected in the urine for up to three days after single use, or for longer times in chronic users.

The amount and duration of drug metabolites in urine depends on the dosage consumed, the time-lapse since

ingestion, the metabolic half-life of the drug(s) consumed, and individual variations in metabolism. For these reasons, it is difficult to interpret the significance of a positive urine sample.

No studies exist on the relationship between urinary drug levels and job-related accidents. From a public health perspective, however, a drug-related zero-risk only occurs at zero concentration of drugs. For some occupations with a high risk to the public, this may be an appropriate level to require. In more normal occupational situations, it is not possible to identify levels that would indicate a greater accident risk without other corroborating information.

Summary

Emerging studies indicate drug monitoring is having beneficial effects, especially when combined with employee assistance programs. Although some of these programs started without the backing of scientific evidence, results obtained support the premise that drug use, whether at work or off-site, affects safety at the workplace.

2. LEGAL ISSUES

This section looks at the question of whether drug testing can be legally implemented at workplaces, both non-union and union. It also examines an employer's options if an employee's drug test results are positive. (A legal perspective was given by Robert A. MacDermid, QC, of Perry, Farley and Onyschuk, Toronto, Ontario.)

The simple question of whether an employer can legally implement mandatory drug testing raises complex legal issues.

John P. Sanderson, QC, told a labor relations conference in Toronto in 1986: "Because mandatory testing for drugs and chemical substances is in part a reflection of the different value systems between generations, there is necessarily a highly subjective and emotional element to any discussion on the subject."

Employer's rights upheld

Under common law, an employer has broad and extensive authority. This authority includes managing his workforce. Other than certain legislative restrictions, an employer may terminate an employee for any reason provided the employer can show cause or gives reasonable notice of termination.

It has long been held that an employer has the authority to promulgate reasonable rules and regulations to operate his business effectively. It is even arguable that an employer may promulgate rules and regulations that are not necessarily reasonable on an objective basis, provided that such rules are clearly communicated to all employees and the consequences of non-compliance are clearly stated.

Testing In the Non-Unionized Workplace

Pre-employment

Pre-employment drug testing in a non-unionized workplace can be implemented as long as it is a written condition of employment, clearly delineated in an employer's policies and procedures manual, as well as in all

employment contracts. The written terms should state that employees are required to submit to periodic drug testing, with failure to do so being grounds for dismissal.

Existing employees

Drug testing of existing employees may be implemented as a condition of continued employment only after reasonable notice has been given in writing to all affected employees. Even then, it is likely such testing could legally be done only on the basis of reasonable cause or in situations where fitness or capability for work requires the worker to be in a drug-free state. Failing these circumstances, employees so treated might be able to claim "constructive dismissal" -- in other words, that the employer had unilaterally changed a fundamental, albeit implied, condition of the employment contract and by so doing had put the employee in the position of accepting or rejecting the new condition. Employees who reject the new condition and claim constructive dismissal may sue the employer for damages unless the latter sees fit to provide the alternative of reasonable notice, or payment in lieu.

It is also possible that under the constitutional safeguard against unlawful search and seizure, the employer may be prohibited from conducting such searches in the form of compulsory urine testing (or, much more serious, blood testing). It is not clear whether "reasonable cause" or "fitness for work" justifications will override this constitutional right, because it is uncertain whether employers are authorized to conduct searches of this type under any circumstances, save perhaps as part of routine health screens where drug detection is not the primary object. In other words, it is possible a public policy may be declared that prohibits the introduction of contractual terms involving mandatory drug testing on the grounds that agreement to such terms would require the waiver of basic constitutional rights.

Whether this public policy issue will be seriously pursued cannot be predicted with any certainty. However, even without this complication, it would seem ill-advised for employers of non-unionized workforces to

institute random testing (i.e., without reasonable cause, or to ascertain fitness for work), or mass screenings designed solely for purposes of drug detection.

Legal precedents

When there is no written rule or regulation on a certain condition of employment at a non-unionized workplace, the courts tend to rule in favor of employees who would not follow that condition of employment. In one case, a municipality required the members of its police force to undergo a medical examination with a physician of the municipality's choice. When two police officers declined, they were fired. In overturning the dismissals, Mr. Justice McRuer on the Ontario High Court stated:

> "The right of employers to order their employees to submit to an examination by a doctor of the choice of the employer must depend on either contractual obligation or statutory authority."

He then said that the municipality "in hiring police officers can make it a condition of employment."

Testing In the Unionized Workplace

Pre-employment and existing employees

While the courts may accept that an employer in a unionized workplace may ask a prospective employee to undergo drug testing, once that employee is hired he or she is covered by the terms and conditions of employment as outlined in the collective agreement governing the workplace.

The employer cannot at the time of hiring impose terms that are inconsistent with those of the agreement.

Legal precedents

The case below illustrates the legal problems involved when collective agreements do not cover certain terms of employment.

In a case that went to arbitration, an employer asked an employee who had significantly overstayed a vacation on account of illness to undergo a medical examination by a doctor of the company's choosing (the company refused to accept the employee's medical documentation). The arbitration board summarized the law in the following terms:

> "It is well established that persons do not by virtue of their status as employees lose their right to privacy and integrity of the person. An employer could not at common law assert any inherent right to search an employee or subject an employee to a physical examination without consent .... Thus there is nothing that can be described as an inherent management right to subject an employee to what would otherwise be a trespass or an assault upon the person."

With respect to the employee's refusal to attend the medical examination, the arbitrators commented:

> "We are ... satisfied that [the employer] had no implied right to do so where the medical examination is not for the purpose of reasonably establishing the fitness of an employee to perform the work assigned to him. It follows that the [employee] was entitled to refuse to obey the order of his supervisor and was not insubordinate in doing so."

Of particular interest is that both the courts and arbitrators abhor an employee's being asked to undergo a physical or medical examination conducted by a person unknown to the employee.

Disciplinary action

In the absence of a provision in the collective agreement giving the employer the authority to implement drug testing, any disciplinary action taken when an employee refuses the test would have to meet the requirement of "just cause," or arbitrators will overturn the disciplinary action.

Consequences of Positive Test Results

If an employee's test results indicate drug use, the employer has to decide on the next course of action. For the non-unionized employer, if the consequences of a positive test result have been clearly delineated in an employment contract, the appropriate course of action is set.

For the unionized employer, if the collective agreement authorizes dismissal for a positive test result, the issue is similarly resolved.

Protection under the Human Rights Code

However, questions may arise under the Ontario Human Rights Code, 1981. More particularly, section 4 (1) of the statute prevents a person from being discriminated against with respect to employment opportunities because of handicap. Under Section 9 (b) of the statute, "'because of handicap' means for the reason that the person has or has had, or is believed to have or have had (1) any degree of physical ... infirmity ... that is caused by ... illness ...."

Many arbitrators have generally treated alcoholism as a disease or illness. If drug abuse is comparable to an "illness" that results in a degree of physical infirmity, then it may be argued it is a handicap and the person is entitled to the protection under section 4 (1) of the statute.

However, the statute does require the employee, even though he or she has a handicap, to be capable of performing and fulfilling the essential duties and requirements of the position.

In the administration of the Ontario Human Rights Code, there has emerged a theory based on a duty of reasonable accommodation. Under this provision, it is arguable that the employer of a person who cannot fulfil the essential requirements of his or her job because of illness due to drug abuse may have a duty to offer that person an appropriate rehabilitative program as an alternative to being refused, or terminated from, employment.

3. METHODS OF DRUG ANALYSIS

This section outlines the advantages and disadvantages of the different methods used by toxicology laboratories in drug testing. It should be noted that, regardless of method used in drug screening, the validity of findings will also be influenced by the procedures followed in the collection, labelling, storage, transportation, and preparation of the samples for testing.

Drug screening commonly is used to detect cannabinoids (marijuana), cocaine, barbiturates, amphetamines, and opiates (except codeine). Alcohol is currently not screened for; however, it is considered in these deliberations.

Three types of testing should be offered in any proposed drug-screening program: screening for individual drugs; screening with confirmation of negative and positive results; and confirmation of only positive results.

A toxicology laboratory commonly uses the following methods:

1. Radioimmunoassays (RIA)

2. Enzyme immunoassay (EMIT)

3. Chromatographic methods

    a. Thin layer chromatography (TLC)
    b. Gas chromatography/mass spectrometry (GC-MS)
    c. Liquid chromatography (HPLC)

Immunoassays (RIA and EMIT) #1 & #2

These primary screening methods are based on antibody-antigen reaction and can detect small amounts of the drug present. Antibodies specific to a particular drug are produced by injecting laboratory animals with the drug. These antibodies can then be introduced into urine samples. If that specific drug or its metabolites are present, a reaction will occur. This reaction can be measured with the assistance of enzymes (EMIT) or radioactive isotopes (RIA) that bind to the antibodies.

Specificity for both these methods is not very high, as substances that have similar chemical structures will

also "cross react" and give a positive reaction. The EMIT or RIA method for cannabinoids will give a positive result with most of their metabolites. These tests give results which are correct in 95%-98% of cases. The list of drugs that actually result in a false positive is small. The presence of detergents (soaps) or common salt in a sample will also interfere with some of the immunoassays. Generally, these interferences result in false negative answers.

Urine drug assay kits for all of the above drugs have been available for some time. Drug levels in urine samples (quantitation) generally are not measured except in therapeutic monitoring. With the availability of appropriate equipment, immunoassay tests are easy to perform.

Advantages of immunoassays

- Automation and batch processing are possible.
- Less highly trained technologists are required.
- Detection limits are very low but can be tailored to meet the screening requirements. The lower threshold can be raised to eliminate positives due to small amounts of a drug such as might come from passive inhalation of marijuana smoke.
- They are relatively inexpensive.
- They do not require a specialized laboratory.

Disadvantages

- Specificity can be challenged.
- There can be a lot-to-lot or batch-to-batch variation in the antibody reagents.
- Results must be confirmed by another non-immunoassay method.
- A radioactive isotope is used in RIA, requiring compliance with special licence procedures and the use of gamma counters.
- Only a single drug is tested for at a time.

Chromatographic Methods #3

If you took a blotting paper, put a drop of ink on it, and held the tip of the paper in water, you would observe that the water rises on the paper. If you were to continue this process, given the right conditions, you would find that the ink spot separates into many spots of different colors. (Blue ink is a mixture of many dyes.) The process of the separation of a substance in a medium is called chromatography.

Three types of chromatographic processes are used in the analysis of drugs: thin-layer, gas, and liquid chromatography.

Thin-layer chromatography (TLC)

This method is akin to the above example of blotting paper and ink. It requires extensive sample preparation and technical expertise. TLC, in the right hands, is an inexpensive and a very powerful method. A large number of drugs can be screened at the same time -- for example, cocaine, amphetamine, and opiates in one sample preparation. Cannabis derivatives require a separate preparation. To identify positive TLC "spots," the technologist looks for the metabolite pattern, therefore, combining different TLC systems results in a high degree of specificity. The training of the analyst is crucial because interpretation of results is subjective.

Gas chromatography/mass spectrometry (GC/MS)

As the name implies, this is a combination of two sophisticated technologies, gas chromatography and mass spectrometry. The first (GC) physically separates (chromatographs or purifies) the compound, and the second (MS) "fragments" it so that the technologist obtains a "fingerprint" of the chemical. Sample preparation is extensive.

Although both methods can be used individually, they are used in tandem, and the combination is regarded as the "gold standard," both sensitive and specific. All of the above drugs can be identified in any body fluid. The technologist can enhance assay sensitivity greatly by treating the test substance with reagents.

High-performance liquid chromatography (HPLC)

There are two major differences between GC and HPLC:

- GC is a "destructive" method (it destroys or burns the chemical in its detector to generate the signal), whereas HPLC takes advantage of the electronic characteristics of the chemicals.

- The mobile phase in GC is gas; in HPLC it is liquid. Less sample preparation is needed for HPLC. This method also results in high specificity, but it is slower and less sensitive than GC.

Advantages of chromatographic methods

All the chromatographic methods are specific and sensitive.

TLC:

- Screening for large number of drugs can be done at the same time.

- Negligible capital outlay is needed.

GC-MS:

- This is the "gold standard" test.

- A large number of drugs can be screened.

- Computerized identification of fingerprint pattern makes identification easy.

- The procedure can be automated.

HPLC:

- Of the chromatographic procedures, this is the easiest sample preparation.

- The procedure can be automated.

Disadvantages

- All chromatographic methods are labor intensive and require specially trained staff.

- TLC interpretation is subjective; technologists must be experienced.

- HPLC equipment costs $25,000-$40,000 depending on the types of detectors and automation selected.
- GC-MS equipment costs $70,000-$150,000 depending on the degree of automation and computer capabilites.

Comments on All Methods

The consequences of a positive test could be serious -- an applicant might not be hired or an employee could be dismissed. The methods used for obtaining positive results must be able to withstand close scientific scrutiny in the interest of fairness and in case the results are challenged in the courts.

Order of specificity -- that is, ability to effect a 100% correct identification -- would be (best to worst): GC-MS, HPLC, TLC, EMIT/RIA. However, the "worst" is 95%-98% correct.

Excepting GC-MS, which is a combination of two methods, results from the other methods should be confirmed by a different method. To achieve that extra 2%-5% accuracy, almost any combination of the above methods is acceptable; e.g., TLC-HPLC; TLC-EMIT/RIA; GC-EMIT/RIA; GC-TLC; EMIT/RIA-GC-MS; EMIT/RIA-HPLC.

The last two combinations are the most commonly used in drug-screening employment programs.

Although today's technology will accurately determine the presence of a drug in body fluid, it cannot determine the form in which the drug was originally taken. For example, ingestion of some poppy seeds may result in a positive on some tests for opiates. This would not be a false positive, since some poppy seeds may be contaminated with opium derivatives. However, it could result in a false interpretation of drug use, unless confirmed by a GC-MS test.

Summary of Advantages and Disadvantages

	EMIT	RIA	TLC	HPLC	GC-MS
Ease of sample preparation	x	x		x	
Less highly trained technologists required	x	x			
Limited equipment required	x	x	x		
Low detection limits	x	x	x	x	x
Adjustable lower threshold	x	x			
Highly specific and sensitive			x	x	x
Computerized identification possible					x
Screen for several drugs at a time			x	x	x
Procedures can be automated	x	x		x	x
Requires special atomic energy licence		x			
Results should be confirmed	x	x	x	x	
Interpretation is subjective			x		

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The recommendations of the task group on drug screening are contained in a separate document BEST ADVICE on Employment-Related Drug Screening--A Public Health and Safety Perspective, available from Information and Promotion, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, M5S 2S1.

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EMPLOYEE-RELATED DRUG SCREENING

A Public Health and Safety Perspective

Employment-related drug screening is likely to be one of the most contentious issues in labor-management relations in the next decade. The growing practice of employers to institute programs of drug testing--selectively, randomly, or comprehensively--led the Addiction Research Foundation, in May, 1986, to establish a task group on employment-related drug screening from a public health and safety perspective. This document presents the recommendations of that group, together with a brief background summary. Its purpose is to contribute to informed public discussion of the issue.

March, 1987

RECOMMENDATIONS

With respect to employment-related drug screening,* the Addiction Research Foundation recommends that:

1) Mass or random drug screening for all employees and/or applicants for employment not be implemented;

2) Drug screening be considered for employees who show deficits in job performance and whose behavior in the workplace is judged to constitute a safety risk to self or others.

   All such cases be referred to a qualified medical practitioner; the decision to test for drugs be made by this individual;

3) Pre-employment and continued random drug screening be considered for employees in jobs that pose risk to co-workers

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*In these recommendations, the term drug screening refers to screenings for alcohol and other drugs.

and/or the public and that are unsupervised for periods such that evidence of impairment would not normally be subject to observation;

4) If drug screening is instituted, the following procedures be followed to guarantee valid, accurate, and confidential results:

-- Samples should be collected by qualified staff under medical supervision and be forwarded to a qualified laboratory;

-- The individual being tested should have the right to provide and to have recorded a statement of current medical or other drug use;

-- All positive results should be confirmed by gas chromatography/mass spectrometry. The laboratory should not forward positive test results unless the results have been confirmed by this method;

-- The laboratory should communicate test results only to the licensed medical practitioner who forwarded the test samples to the laboratory;

-- The practitioner should report back to the employer on the results of the testing and his/her interpretation of same in accordance with standard medical ethics and any applicable company policies and collective agreements;

5) If drug screening is instituted, employees with confirmed positive test results be referred to an employee assistance program for assessment and, if needed, counselling and rehabilitation;

6) If drug screening is instituted, it be preceded by a formal employment policy stating the rationale for the testing and the consequences of confirmed positive test(s) results in relation to continuation of employment.

ADDENDUM TO
BEST ADVICE: Employee-Related Drug Screening

Page 4, line 4

After "collective agreements" the following subsection should be inserted:

-- Individuals tested should have access to the results and information concerning the type of technology used in their drug screen.

BACKGROUND

Alcohol and other drug use is a fact of life in Ontario, especially in the under-30 age category. A 1984 survey indicates 84% of Ontario adults aged 18 and more use alcohol, 11% use marijuana, and 3% use cocaine (1). In the same survey, 90% of 18 to 29 year olds reported using alcohol, 28% marijuana, and 7% cocaine.

There is no doubt that alcohol and other drug abuse is a significant public health and safety problem. Alcohol and a number of illicit and controlled drugs have been shown to alter motor coordination and/or perceptual ability; their use can thus result in industrial and road accidents (2,3).

The actual extent of alcohol and other drug abuse in the workplace is unclear, especially in Canada, where no statistics are available.

However, studies emerging in the United States suggest that drug monitoring is having beneficial effects, especially when combined with employee assistance programs. Although some programs started without the backing of scientific evidence, their results support the premise that monitoring of drug use, whether at work or off-site, reduces accidents in the workplace.

Urine testing for various drugs can be done accurately if the proper equipment, staff, and procedures are used. Although the legal right of employers to require urine tests of current employees is not clear for all situations, urine testing may be permissible for new job applicants.

However, urine testing is intrusive. It requires that a urine sample be obtained in full view of a staff person not necessarily known to the donor. Once in the possession of the employer's agent, it can be tested for a variety of compounds, not always with the full consent of the donor, to whom the results are not always communicated. Moreover, urine tests can only measure past use and not impairment on the job.

Therefore, we suggest that urine tests should only be used where the safety of the public, the employee, or other workers is involved, or as a supplement to indications of impairment that are observed by other means.

There is direct as well as circumstantial evidence to indicate that impairment from the use of alcohol and other drugs in Ontario workplaces could affect individual and public safety. Heavy use of alcohol and other drugs does correlate with an increased risk of accidents. But it is not clear what, if any, increased risk can be attributed to moderate alcohol or drug use away from the workplace.

For these reasons, we suggest that urine testing should be limited to employees in occupations that pose a risk to co-workers and/or the public.

Where special precautions are warranted, blood tests would be more appropriate than urine screens, as blood levels correlate more accurately with actual levels of impairment.

But before blood tests are utilized, there should be other indications of impairment, or the work situation should be one that justifies such measures to prevent accidents or to allay legitimate public concerns.

In situations where impairment is suspected, the decision to test should be made by a qualified medical practitioner. Managers, supervisors, or security staff can refer to a medical practitioner but should not have the authority to require tests. In this way, confidentiality can be preserved while providing protection for the public and/or other employees. When test results are returned to the workplace, they should go back to the medical practitioner, who is bound by discipline and law to preserve confidentiality.

Employers should also note that other interventions, such as health education, employee assistance programs, regular performance appraisals, and security checks, should also be considered in any attempt to reduce risks due to drug abuse in the workplace.

Some of the interventions currently used in Ontario are:

Employee Assistance Programs, which provide counselling and rehabilitation for employees with problems;

Union Counsellor Programs, which train union members to help fellow workers in the use of community resources to deal with problems;

Health Education Programs, which suggest positive options to lifestyle and health habits that could lead to addiction problems;

Security Inspection Programs, which train security staff to recognize drugs and signs of impairment.

Our experience suggests that all such interventions are most effective when they are instituted as cooperative efforts among labor, management, and health services.

Acknowledgements

The Addiction Research Foundation would like to thank the many individuals and agencies who contributed to the work of the task group.

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A BACKGROUND READING document to this BEST ADVICE on Employee-Related Drug Screening—A Public Health and Safety Perspective is available from: Information and Promotion, Addiction Research Foundation, 33 Russell Street, Toronto, M5S 2S1.

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ADDENDUM TO

BEST ADVICE: Employee-Related Drug Screening

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